WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH

County of Grant

Township of Mill

Town of Gas City Ind.

or City of

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

(No. ; St.; Ward)

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PLEASE WRITE PLAINLY

Indiana State Board of Health 32056

CERTIFICATE OF DEATH

Registered No. 56

FULL NAME Martha Ann Thompson

PERSONAL AND STATISTICAL PARTICULARS

*SEX: F.

*COLOR OR RACE: W.

*SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ✓

*NAME OF HUSBAND OR WIFE (if deceased): James H. Thompson

*DATE OF BIRTH (if deceased): Aug 20 (Month) (Day) 1857 (Year)

*AGE: 62 years, 3 months, 2 days. If LESS than 1 day, hrs. or min?

*OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE OF DEFEASED (State or country): Ky.

PARENTS

*NAME OF FATHER: James R. Belcher

BIRTHPLACE OF FATHER (State or country): Ky.

*MAIDEN NAME OF MOTHER: Margaret McGlaughlin

BIRTHPLACE OF MOTHER (State or country): Ky.

*I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
* If born in In'diana, give County.

(Informant) James H Thompson

(Address) Gas City Ind

*Filed Nov 3rd 1921

L Hendley Gas City
Name and Address of Health Officer or Deputy

CORONER'S CERTIFICATE OF DEATH

*DATE OF DEATH: Nov. (Month) 22 (Day) 1921 (Year)

I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Coroner's Verdict or Inquest) thereon and from the evidence obtained by said inquest (Coroner, Verdict or Inquest) find that said deceased came to her death on the day stated above, at 4.00 M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

79

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) P H Lucas M. D.
(Coroner, Deputy Coroner's Physician)

Nov 23 1921 (Address) Jonesboro Ind

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or Usual Residence.

*PLACE OF BURIAL OR REMOVAL: Salt Lick Ky.

DATE OF BURIAL: Nov 23 1921

*UNDERTAKER: H. H. Adams

WAS THE BODY EMBALMED? yes.

*ADDRESS: Jonesboro Ind

EMBALMER'S LICENSE No. 1080